

DIVISION OF HEALTH AND MEDICAL SERVICES

Community Health Services Disease Prevention Family Health Health Promotion State Epidemiologist

MEMORANDUM 2007-09

TO: All Vaccine Providers

FROM: Tim Heath

Immunization Program Coordinator

DATE: 11/26/2007

RE: Provider Enrollment Form

Dear Vaccine Provider:

Enclosed is the provider profile enrollment form for 2008. To avoid delays in vaccine shipment, please read and fill out the contract and return by December 14, 2007. Please take care in filling out the vaccine delivery address and mailing address. Also enclosed are instructions on how to use the South Dakota Immunization Information System to retrieve data for the VFC eligibility section of the contract. The most current vaccine eligibility chart is also included. Please also complete the clinic hours of operation form and return with the enrollment form.

I have included the updated policies and procedures. Please discard your old versions and replace with the current versions.

I have included the 2007-2008 Influenza Vaccination Pocket Guide. I hope you find this a useful tool during the influenza season.

Please feel free to contact me at 605-773-5323 or by email at <u>Tim.Heath@State.SD.US</u> if you have questions.

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